## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/23/2010	Address:	3560 N. S.R. 9
Case #:	<u>42F30604</u>		
County:	BARTHOLOMEW	1	
Type of La	aboratory Seizure (check one)	Seizure Location (	check all that apply)
Operation Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s): IN HOME			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: IN RESIDENCE			
Water Reactive Metal (Lithium): IN SOLVENT IN GARAGE			
Anhydrous Ammonia: IN TANKS IN VEHICLES IN DRIVE			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
YesNo	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information ne/Pseudoephedrine Tracking Log erchant Tip
This repor	t is to be faxed to the following agen	cies that serve the l	ocation:
Fire Depart	ment: HOPE FIRE DEPT.	Fax: 812-5	
Health Dep	artment: BARTHOLOMEW CO.	Fax: <u>812-3</u> Fax: <u>N/A</u>	<u> </u>
Child Prote	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.